Cochrane International Mobility

A global exchange programme for Cochrane staff and contributors

Application form

Please submit this application to the primary group contact listed on Cochrane TaskExchange.

|  |  |
| --- | --- |
| Name |  |
| Email address |  |
| Cochrane Member or Supporter | *Please check your membership status in your* [*Cochrane Account*](https://account.cochrane.org/) |
| Are you a student? |  |
| Are you a patient or carer? |  |
| Do you work for Cochrane? |  |
| Academic affiliation (if any) |  |
| Language skills (spoken and written) |  |
| Which Cochrane International Mobility programme are you applying for? |  |
| Preferred dates for exchange |  |
| Funding available to you (if any) |  |
| Previous experience with Cochrane |  |
| Please outline your reasons for choosing this International Mobility programme, what you hope to achieve, and any proposed outputs. Please refer to the advertised opportunity and ensure you give details of any required skills.  Minimum length 500 words. |  |

# Template recruitment form

|  |  |
| --- | --- |
| Cochrane International Mobility Opportunity | |
| Host Cochrane Group | *Group name, e.g. Cochrane Sweden* |
| Primary contact for host Group | *Name and email address of individual to whom applications should be forwarded* |
| Panel considering applications | *Please provide names and roles of panel members* |
| Focus of exchange | *Please outline your group’s areas of expertise, e.g. neonatal medicine* |
| Outputs | *Please outline any projects in which you plan to involve participants, and any proposed outputs, e.g. published reviews, workshops* |
| Evaluation | *Please describe briefly how successful completion of the programme will be evaluated* |
| Associated clinical opportunities (if relevant) |  |
| Financial support | *Please provide details of any funding available* |
| Practical support | *Please provide details of additional support e.g. accommodation* |
| Training support | *Level of mentoring available, access to training courses* |
| Duration of exchange |  |
| Suggested dates |  |
| Deadline for applications | *If you will accept applications at any time, please state ‘Ongoing’* |
| Number of applicants |  |
| Person specification | *Please outline any knowledge or skills required from applicants* |
| Language skills |  |
| Further notes for applicants |  |